

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-470)

Serial No.

Filed Date

09/28/71

Applicant

4-20-04 8-424

CLAIMS

NO.	BEFORE		AFTER ADMISSION		AFTER RE-ADMISSION	
	INC.	DEC.	INC.	DEC.	INC.	DEC.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
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38	/	/	/	/	/	/
39	/	/	/	/	/	/
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42	/	/	/	/	/	/
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44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
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49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL NO.	3	0	4	0	4	0
TOTAL DEC.	14	0	23	0	22	0
TOTAL CLAIMS	17	27	27	26	26	26

NO.	INC.	DEC.	INC.	DEC.	INC.	DEC.
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99						
TOTAL NO.	0	0	0	0	0	0
TOTAL DEC.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS